

## CHALENG 2010 Survey Results Summary

**VISN: 11**

**Site: VAOPC Toledo, OH and VA Ann Arbor HCS, MI - 506**

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

### **A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)\***

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 51
  
2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 25

### **B. Housing Availability and Need (CHALENG Point of Contact Survey)**

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	66
Permanent Housing Beds	106

\*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

\*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

**C. Rating of Need by CHALENG Participants** (Number of Veteran Participants: 63.  
Number of provider (VA and non-VA) participants: 29.)

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene (shower, haircut, etc.)	4.19	3.70	3.74
Food	4.20	4.12	3.86
Clothing	4.10	3.80	3.62
Emergency (immediate) shelter	4.16	3.48	3.55
Transitional living facility or halfway house	4.07	3.32	3.45
Long-term, permanent housing	3.42	2.78	2.90
Detoxification from substances	3.89	3.33	3.69
Treatment for substance abuse	3.93	3.44	3.84
Services for emotional or psychiatric problems	4.22	3.70	3.71
Treatment for dual diagnosis	3.84	3.44	3.51
Family counseling	3.19	3.12	3.11
Medical services	4.41	3.81	4.04
Women's health care	3.03	3.38	3.17
Help with medication	4.25	3.69	3.87
Drop-in center or day program	3.33	2.65	3.15
AIDS/HIV testing/counseling	3.43	3.29	3.63
TB testing and Treatment	4.15	3.50	3.90
Legal assistance to help restore a driver's license	3.06	2.68	2.87
Hepatitis C testing	3.54	3.38	3.70
Dental care	3.52	2.69	2.91
Eye care	4.15	3.19	3.38
Glasses	4.13	3.23	3.35
VA disability/pension	3.07	3.58	3.14
Welfare payments	2.75	3.27	2.80
SSI/SSD process	3.54	3.32	2.95
Guardianship (financial)	2.82	2.92	2.84
Help managing money	3.13	3.16	3.13
Job training	2.42	3.44	2.96
Help with finding a job or getting employment	2.62	3.16	3.02
Help getting needed documents or identification	3.88	3.42	3.50
Help with transportation	3.67	3.15	3.31
Education	3.00	3.36	3.19
Child care	2.30	2.76	2.64
Family reconciliation assistance	2.45	2.88	2.73
Discharge upgrade	2.48	3.04	2.96
Spiritual	3.17	3.19	3.55
Re-entry services for incarcerated veterans	2.57	2.68	2.94
Elder health care	2.68	3.12	3.11
Credit counseling	2.53	2.84	2.85
Legal assistance for child support issues	2.17	2.80	2.70
Legal assistance for outstanding warrants/fines	2.42	2.60	2.75
Help developing social network	3.22	3.08	3.14

**\*\*VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

## D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans\*

### 1. Community Ratings of VA/Community Integration\*

<b>Integration Scale:</b> 1 (low) to 5 (high)	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.89	3.53
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.15	3.55

\*Scores of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860).

## 2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.08	2.60
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	2.26	1.91
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	1.88	2.00
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.56	2.31
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.71	1.68
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.79	1.73
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.88	1.84
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.72	2.22
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.17	2.02
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.63	1.68
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.88	1.74
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.16	1.89

\*Scored of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860. Mean score of sites).

**E. Action Plans: FY 2010 and FY 2011**

**1. CHALENG Point of Contact Action Plan for FY 2010: Results\***

<b>Long-term, permanent housing</b>	Our VA now has 165 HUD-VASH vouchers. These vouchers are used in Ohio (Toledo, Springfield, Sylvania and Bowling Green) and in Michigan (Ann Arbor, Ypsilanti, Milan, Flint, Howell, Jackson, Brighton). No progress on a local Volunteers of America project to build units for chronically homeless and ex-offenders.
<b>Help with finding a job or getting employment</b>	Veterans from Genesee County participated in the Michigan State University agricultural training program in collaboration with the Department of Labor. The VA Compensated Work Therapy program provided employment services to 60% of our Veterans in VA Grant and Per Diem programs.
<b>Dental care</b>	Veterans in VA Grant and Per Diem (GPD) and residential contract programs receive dental care under the Homeless Veteran Dental Program (HVD). HUD-VASH participants in the Toledo area access their dental care through the Neighborhood Health Association at the Mildred Bayer Clinic for the Homeless, and the Dental Center of Northwest Ohio (if they have Medicaid). In Michigan, our HUD-VASH participants have accessed community grant-funded dental care at the University of Michigan Dental School. We are fortunate to have a strong collaborative relationship with our VA Dental program. When our HUD-VASH Veterans are having an acute dental episode, our VA Dental program will stabilize and make recommendations for continued treatment or prevention services.

**\*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

**2. FY 2010 Best Practice Example**

<b>Long-term, permanent housing</b>	Our HUD-VASH program has worked hard to provide permanent supportive housing opportunities for Veterans throughout our 15 county/two state catchment area. We have worked collaboratively with the following housing commissions: Jackson, Ann Arbor, Flint, Lucas Metropolitan, and Michigan State Housing Development Authority. We are able to port veterans to their location of choice within our VA catchment area.
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**3. CHALENG Point of Contact Action Plan for FY 2011: Proposed\***

<b>Emergency (immediate) shelter</b>	Working with HUD Continuums of Care (CoC's) in Toledo/Lucas County (urban area) and Hancock, Henry and Sandusky Counties - identified as having underserved Veteran populations by VA and HUD. Working with CoC's to support notices of funding availability for access to HUD/VA funding for Safe Havens.
<b>Long-term, permanent housing</b>	We currently have 165 VASH vouchers. The identified Veterans waiting to access vouchers in our catchment area is 180. We will continue to refer Veteran families to available supportive housing in Toledo/Lucas County. We will request vouchers as they become available. HUD-VASH case managers will address financial, family, socialization, substance use disorder treatment and vocational needs to increase ability for participants to maintain stable housing in the community.
<b>Help with finding a job or getting employment</b>	Assist homeless Veterans with engaging with local Veterans employment programs offered by county and state offices. Identify opportunities through Department of Labor. Collaborate with VA Compensated Work Therapy program. Connect Veterans with employment agencies in each county. Connect with employment programs to establish relationship for fee-basis services for HUD-VASH, VA Grant and Per Diem and residential contract programs. Look for opportunities to fund this service through lag funds, reserves or contract dollars as recommended by VA policy and procedures.

**\*The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

## CHALENG 2010 Survey Results Summary

**VISN: 11**

**Site: VA Northern Indiana HCS (VAMC Fort Wayne - 610A4 and VAMC Marion - 610)**

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

### **A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)\***

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 23
  
2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 1

### **B. Housing Availability and Need (CHALENG Point of Contact Survey)**

<b>Housing type</b>	<b># of Veteran-specific Beds in area*</b>
Emergency Beds	0
Transitional Housing Beds	38
Permanent Housing Beds	130

\*These are the number of beds that Veterans can access that are Veteran-specific.

<b>Homeless Veteran Program Beds actually on VA campus?*</b>	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

\*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

**C. Rating of Need by CHALENG Participants** (Number of Veteran Participants: 58.  
Number of provider (VA and non-VA) participants: 36.)

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene (shower, haircut, etc.)	4.07	3.00	3.74
Food	4.12	3.63	3.86
Clothing	3.83	3.40	3.62
Emergency (immediate) shelter	3.81	2.88	3.55
Transitional living facility or halfway house	3.72	2.86	3.45
Long-term, permanent housing	3.61	2.33	2.90
Detoxification from substances	4.07	2.89	3.69
Treatment for substance abuse	4.10	3.23	3.84
Services for emotional or psychiatric problems	3.96	3.26	3.71
Treatment for dual diagnosis	3.71	3.18	3.51
Family counseling	3.60	2.71	3.11
Medical services	4.26	3.50	4.04
Women's health care	2.76	2.88	3.17
Help with medication	4.18	3.12	3.87
Drop-in center or day program	3.43	2.88	3.15
AIDS/HIV testing/counseling	3.86	3.48	3.63
TB testing and Treatment	3.88	3.38	3.90
Legal assistance to help restore a driver's license	2.87	2.44	2.87
Hepatitis C testing	4.02	3.38	3.70
Dental care	2.79	2.18	2.91
Eye care	3.83	2.71	3.38
Glasses	3.84	2.66	3.35
VA disability/pension	3.06	3.43	3.14
Welfare payments	2.75	2.83	2.80
SSI/SSD process	3.04	2.97	2.95
Guardianship (financial)	3.14	2.57	2.84
Help managing money	3.39	2.49	3.13
Job training	3.04	2.91	2.96
Help with finding a job or getting employment	3.39	3.00	3.02
Help getting needed documents or identification	3.54	3.00	3.50
Help with transportation	3.34	2.77	3.31
Education	3.42	2.83	3.19
Child care	2.86	1.86	2.64
Family reconciliation assistance	3.00	2.17	2.73
Discharge upgrade	3.02	2.65	2.96
Spiritual	4.05	3.03	3.55
Re-entry services for incarcerated veterans	3.06	2.77	2.94
Elder health care	3.29	2.71	3.11
Credit counseling	3.02	2.44	2.85
Legal assistance for child support issues	2.90	1.82	2.70
Legal assistance for outstanding warrants/fines	3.06	1.94	2.75
Help developing social network	3.64	2.62	3.14

**\*\*VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

## D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans\*

### 1. Community Ratings of VA/Community Integration\*

<b>Integration Scale:</b> 1 (low) to 5 (high)	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.28	3.53
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.08	3.55

\*Scores of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860).

## 2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.33	2.60
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.21	1.91
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	1.57	2.00
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.00	2.31
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.46	1.68
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.42	1.73
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.46	1.84
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.63	2.22
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.67	2.02
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.33	1.68
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.33	1.74
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.50	1.89

\*Scored of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860. Mean score of sites).

**E. Action Plans: FY 2010 and FY 2011**

**1. CHALENG Point of Contact Action Plan for FY 2010: Results\***

<b>Emergency (immediate) shelter</b>	Our VA has approved our first HCHV (Healthcare for Homeless Veterans) Contract Residential program for ten beds.
<b>Long-term, permanent housing</b>	We were approved for 25 HUD-VASH vouchers in the South Bend area.
<b>Dental care</b>	Two more agencies made it through the first round selection for VA Grant and Per Diem; expecting final notice soon. All GPD programs will provide dental care to eligible Veterans. Also, we expanded Homeless Veteran Dental Program (HVDP) care to participant in Community Residential Care and the Substance Abuse Residential Rehabilitation Treatment Programs.

**\*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

**2. FY 2010 Best Practice Example**

<b>None</b>	None
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### 3. CHALENG Point of Contact Action Plan for FY 2011: Proposed\*

<b>Long-term, permanent housing</b>	Utilize the 25 new HUD-VASH vouchers provided in 3rd Quarter FY 2010. Continue requesting HUD-VASH vouchers as national funding becomes available. Explore options with community agencies that provide permanent housing.
<b>Help with finding a job or getting employment</b>	Worker with the two new Veterans rehabilitation specialists to assist with job development in the community. Continue referrals to Work One for Veterans seeking employment.
<b>VA disability/pension</b>	Work with Veterans Benefits Administration homeless coordinator, county Veterans service officers, VA Veterans benefits counselor and VSO advocates on a plan to expedite claims.

**\*The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

## CHALENG 2010 Survey Results Summary

**VISN: 11**

**Site: VAMC Battle Creek, MI - 515**

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

### **A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)\***

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1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 34
  
2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 0

### **B. Housing Availability and Need (CHALENG Point of Contact Survey)**

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	120
Transitional Housing Beds	118
Permanent Housing Beds	378

\*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	Yes

\*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

**C. Rating of Need by CHALENG Participants** (Number of Veteran Participants:  
234. Number of provider (VA and non-VA) participants: 37.)

Need Ranking (1=Need Unmet .... 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.63	3.17	3.74
Food	3.88	3.65	3.86
Clothing	3.79	3.39	3.62
Emergency (immediate) shelter	3.79	3.22	3.55
Transitional living facility or halfway house	3.76	3.09	3.45
Long-term, permanent housing	3.46	3.13	2.90
Detoxification from substances	3.82	3.52	3.69
Treatment for substance abuse	3.78	3.57	3.84
Services for emotional or psychiatric problems	3.84	3.39	3.71
Treatment for dual diagnosis	3.83	3.26	3.51
Family counseling	3.47	3.13	3.11
Medical services	3.99	3.65	4.04
Women's health care	3.40	3.22	3.17
Help with medication	3.96	3.48	3.87
Drop-in center or day program	3.64	3.18	3.15
AIDS/HIV testing/counseling	3.66	3.57	3.63
TB testing and Treatment	3.88	3.37	3.90
Legal assistance to help restore a driver's license	3.52	3.19	2.87
Hepatitis C testing	3.88	3.65	3.70
Dental care	2.99	2.81	2.91
Eye care	3.54	3.05	3.38
Glasses	3.58	3.05	3.35
VA disability/pension	3.36	3.50	3.14
Welfare payments	3.05	3.52	2.80
SSI/SSD process	3.35	3.18	2.95
Guardianship (financial)	3.36	3.09	2.84
Help managing money	3.49	2.91	3.13
Job training	3.30	3.32	2.96
Help with finding a job or getting employment	3.34	3.23	3.02
Help getting needed documents or identification	3.88	3.73	3.50
Help with transportation	3.51	3.00	3.31
Education	3.47	3.67	3.19
Child care	3.48	2.76	2.64
Family reconciliation assistance	3.30	2.75	2.73
Discharge upgrade	3.48	3.19	2.96
Spiritual	3.97	3.50	3.55
Re-entry services for incarcerated veterans	3.41	2.86	2.94
Elder health care	3.49	3.38	3.11
Credit counseling	3.37	2.86	2.85
Legal assistance for child support issues	3.29	2.95	2.70
Legal assistance for outstanding warrants/fines	3.09	2.95	2.75
Help developing social network	3.29	3.32	3.14

**\*\*VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

## D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans\*

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<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.67	3.53
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.60	3.55

\*Scores of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860).

## 2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

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<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.35	2.60
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.79	1.91
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	2.00
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.37	2.31
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.84	1.68
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.89	1.73
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.95	1.84
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.89	2.22
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.26	2.02
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.95	1.68
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.79	1.74
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.84	1.89

\*Scored of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860. Mean score of sites).

**E. Action Plans: FY 2010 and FY 2011**

**1. CHALENG Point of Contact Action Plan for FY 2010: Results\***

<b>Dental care</b>	To promote timely referrals, we will ensure Homeless Veteran Dental Program (HVDP) information is shared with Veterans and staff in our programs: including Healthcare for Homeless Veterans, Grant and Per Diem, Compensated Work Therapy Transitional Residence and the Domiciliary. Additionally, we will work with community providers, local dental schools, and private sector dentists through either formal or informal agreements. We will also continue to articulate our position to VA Central Office that HVDP should be expanded to meet the dental need of formerly homeless Veterans in HUD-VASH and other programs.
<b>Long-term, permanent housing</b>	Long-term permanent housing has moved from the #2 need among homeless Veterans in FY 2009 to the #3 need in FY 2010. This appears to be the result of the 130 additional HUD-VASH voucher that were allocated to the Battle Creek VA. In addition, 75 units of permanent-supported housing have been developed through the Enhanced Use Lease with Medallion Management and the Battle Creek VA. Adding additional permanent-supported housing through community partnerships will also have a positive impact.
<b>Food</b>	Between FY 2009 and FY 2010, food has climbed from the #3 to #2 highest need identified among homeless Veterans. Exploration will be done to determine the rationale for the increase in perceived need among homeless Veterans. There appears to be a correlation between the increase in food need and more formerly homeless Veterans who are in the HUD-VASH Program and have zero income. We will continue in our efforts to meet this need through community collaboration and partnerships.

**\*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

**2. FY 2010 Best Practice Example**

<b>SSI/SSD Process</b>	The Battle Creek VAMC worked in collaboration with the Social Security Administration Office in Battle Creek to staff an SSA Clinic at the Battle Creek VA. The Clinic is open every Tuesday from 8AM-12PM. This project has been extremely instrumental in ensuring that eligible Veterans apply and receive their SSI/SSD benefits more timely. Since the inception of the clinic on July 22, 2008, 459 SSD Clinic appointments have been made. Once the Veterans have provided the Social Security Administration Office with all of the required documentation for their claims these claims are usually processed within 7-10 days.
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**Prepared by John Nakashima, Ph.D., MSW  
Program Analyst, Community Care, VA Greater Los Angeles HCS**

**3. CHALENG Point of Contact Action Plan for FY 2011: Proposed\***

<p><b>Dental care</b></p>	<p>According to the 2010 CHALENG data collected by the Battle Creek VAMC, Dental Care has been identified as the #1 need among homeless Veterans. The Homeless Veteran Dental Program (HVDP) has been highlighted in our Medical Center's Five Year Plan to End Homelessness Among Veterans. The Health Care for Homeless Veterans Program will continue to work in partnership with the Dental Services at the Battle Creek VAMC to provide dental care/treatment to homeless Veterans. We currently have an effective consult process which identifies the homeless Veterans and verifies eligibility within 48-72 hours. We will also work in partnership with the Dental Service to expand dental care/services through enhanced community partnerships. Our goal, for future fiscal years, is to not only increase the number of eligible homeless Veterans being served in the Homeless Programs, but work with VA Central Office to expand those services to meet the needs of the homeless Veterans in the HUD-VASH and other programs who currently do not qualify under HVDP.</p>
<p><b>Food</b></p>	<p>According to the 2010 CHALENG data collected by the Battle Creek VAMC, food has been identified as the #2 need among homeless Veterans. Battle Creek VAMC will continue to utilize the Health Care for Homeless Veterans Grand Rapids Service Center food pantry services to meet the need of homeless Veterans in the Grand Rapids community. Resources in Battle Creek, Lansing, and surrounding areas will be explored utilizing the Five Year Plan's pillar of community partnerships to collaborate and explore the potential for partnering with VSOs (Veteran Service Organizations), local food pantries, and local supermarkets regarding food donations. This will be undertaken in collaboration with our Community and Volunteer Service at the Medical Center. A review of this issue appears to be warranted, as the increased need for food seems to have a direct correlation with more Veterans in the HUD-VASH Program.</p>
<p><b>Long-term, permanent housing</b></p>	<p>According to the 2010 CHALENG data collected by the Battle Creek VAMC, long-term permanent housing has been identified as the #3 need among homeless Veterans. The allocation of 165 HUD-VASH Section-8 Housing Choice Vouchers through FY 2010 has resulted in moving this from the #2 need in FY09 to #3 in FY10. The HUD-VASH vouchers have served to fill the gap in services for homeless Veterans. However, there still remains a significant need for long-term permanent housing as indicated in the 2010 CHALENG data. Battle Creek VAMC will request 214 additional HUD-VASH vouchers for FY2011 meet this need. We have had preliminary discussions with a local builder who is proposing to build 112 units of housing in the Leslie, MI area to accommodate homeless Veterans, including women and children. This partnership will result in a more collaborative working</p>

Prepared by John Nakashima, Ph.D., MSW  
Program Analyst, Community Care, VA Greater Los Angeles HCS

	relationship between the Battle Creek VAMC and the Ann Arbor VAMCs as the Leslie, MI area is equi-distance between the two facilities.
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**\*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

## CHALENG 2010 Survey Results Summary

**VISN: 11**

**Site: VAMC Danville, IL - 550**

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

### **A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)\***

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 20
  
2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 0

### **B. Housing Availability and Need (CHALENG Point of Contact Survey)**

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	17
Transitional Housing Beds	31
Permanent Housing Beds	45

\*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

\*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

**C. Rating of Need by CHALENG Participants** (Number of Veteran Participants: 101. Number of provider (VA and non-VA) participants: 55.)

Need Ranking (1=Need Unmet .... 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.78	3.29	3.74
Food	3.89	3.61	3.86
Clothing	3.84	3.65	3.62
Emergency (immediate) shelter	3.76	3.24	3.55
Transitional living facility or halfway house	3.53	2.76	3.45
Long-term, permanent housing	2.90	2.41	2.90
Detoxification from substances	4.06	2.90	3.69
Treatment for substance abuse	4.05	3.16	3.84
Services for emotional or psychiatric problems	3.88	3.33	3.71
Treatment for dual diagnosis	3.47	3.14	3.51
Family counseling	3.28	2.96	3.11
Medical services	4.05	3.71	4.04
Women's health care	3.11	3.37	3.17
Help with medication	4.00	3.45	3.87
Drop-in center or day program	2.94	2.92	3.15
AIDS/HIV testing/counseling	3.55	3.40	3.63
TB testing and Treatment	3.95	3.67	3.90
Legal assistance to help restore a driver's license	2.75	2.43	2.87
Hepatitis C testing	3.62	3.47	3.70
Dental care	2.86	2.02	2.91
Eye care	3.58	3.08	3.38
Glasses	3.49	2.86	3.35
VA disability/pension	2.91	3.57	3.14
Welfare payments	2.90	3.02	2.80
SSI/SSD process	3.29	3.02	2.95
Guardianship (financial)	2.95	2.64	2.84
Help managing money	3.24	2.54	3.13
Job training	3.09	2.96	2.96
Help with finding a job or getting employment	3.14	3.10	3.02
Help getting needed documents or identification	3.75	3.41	3.50
Help with transportation	3.70	3.22	3.31
Education	3.60	3.24	3.19
Child care	3.14	2.33	2.64
Family reconciliation assistance	3.05	2.41	2.73
Discharge upgrade	3.18	2.96	2.96
Spiritual	3.85	3.57	3.55
Re-entry services for incarcerated veterans	3.12	2.73	2.94
Elder health care	3.11	3.28	3.11
Credit counseling	2.90	2.47	2.85
Legal assistance for child support issues	2.77	2.41	2.70
Legal assistance for outstanding warrants/fines	2.83	2.27	2.75
Help developing social network	3.37	2.88	3.14

**\*\*VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

## D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans\*

### 1. Community Ratings of VA/Community Integration\*

<b>Integration Scale:</b> 1 (low) to 5 (high)	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.26	3.53
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.53	3.55

\*Scores of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860).

## 2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.49	2.60
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.47	1.91
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	1.53	2.00
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.09	2.31
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.62	1.68
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.47	1.73
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.69	1.84
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.79	2.22
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.65	2.02
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.29	1.68
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.41	1.74
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.56	1.89

\*Scored of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860. Mean score of sites).

**E. Action Plans: FY 2010 and FY 2011**

**1. CHALENG Point of Contact Action Plan for FY 2010: Results\***

<b>Long-term, permanent housing</b>	We received 35 HUD-VASH vouchers in 2009. We have allocated all 35 of these vouchers and have 29 Veterans in permanent supportive housing. Unfortunately we were not awarded any additional VASH vouchers for 2010 and we now have an extensive waiting list. We have a large catchment area with great need. We serve not only Danville, but Peoria, Decatur, Springfield, Bloomington, Mattoon, Charleston, Champaign, Urbana, and Lafayette -- and all of the small towns in between.
<b>Dental care</b>	We have implemented a consult system to better track the Homeless Veteran Dental Program (HVDP) participants. We have a VA outreach worker assigned to ensure Veterans follow up with their dental referrals into the community.
<b>Transitional living facility or halfway house</b>	Fifth Street Renaissance has been making progress securing the matching funds for their capital grant and should be breaking ground by the end of 2010. We hosted a VA Grant and Per Diem training on 9/22/10 which was attended by approximately 20 community providers. They were provided with the information needed to prepare upcoming grant applications.

\*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

**2. FY 2010 Best Practice Example**

None	None
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**3. CHALENG Point of Contact Action Plan for FY 2011: Proposed\***

<b>Dental care</b>	The Homeless Team will continue to work with the VA Dental team as well as local dentist to ensure dental needs are being met. The Homeless Team will advocate for HUD-VASH Veterans to be included in the Homeless Veteran Dental Program (HVDP) as well. The VA Homeless Team will work in conjunction with the VA dental service to get a more accurate count of dental services provided.
<b>Long-term, permanent housing</b>	Long-term permanent housing was successfully implemented with the 35 VASH vouchers for the Danville Housing Authority. The Homeless Team will work to secure housing for the remaining six Veterans who have vouchers and continue to case manage the Veterans in these houses. The Homeless Team will work toward preparing Veterans in the transitional housing for upcoming permanent housing should HUD-VASH vouchers become available in the future.
<b>Help with finding a job or getting employment</b>	Help finding a better job will be a target of our services this fiscal year. With the hiring of a vocational specialist position in the homeless department assistance should be able to be given to Veterans. The Homeless Team is also planning to work with local businesses to offer training workshops for real life work experience.

**\*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

## CHALENG 2010 Survey Results Summary

**VISN: 11**

**Site: VAMC Detroit, MI - 553**

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

### **A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)\***

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 165
  
2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 20

### **B. Housing Availability and Need (CHALENG Point of Contact Survey)**

<b>Housing type</b>	<b># of Veteran-specific Beds in area*</b>
Emergency Beds	104
Transitional Housing Beds	144
Permanent Housing Beds	225

\*These are the number of beds that Veterans can access that are Veteran-specific.

<b>Homeless Veteran Program Beds actually on VA campus?*</b>	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

\*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

**C. Rating of Need by CHALENG Participants** (Number of Veteran Participants: 87.  
Number of provider (VA and non-VA) participants: 62.)

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene (shower, haircut, etc.)	3.89	2.77	3.74
Food	3.67	3.10	3.86
Clothing	3.41	2.98	3.62
Emergency (immediate) shelter	3.92	2.78	3.55
Transitional living facility or halfway house	3.43	2.70	3.45
Long-term, permanent housing	2.45	2.46	2.90
Detoxification from substances	3.90	2.78	3.69
Treatment for substance abuse	3.95	2.72	3.84
Services for emotional or psychiatric problems	3.46	2.64	3.71
Treatment for dual diagnosis	3.19	2.62	3.51
Family counseling	2.68	2.63	3.11
Medical services	3.89	3.28	4.04
Women's health care	2.83	2.96	3.17
Help with medication	3.77	3.07	3.87
Drop-in center or day program	3.06	2.64	3.15
AIDS/HIV testing/counseling	3.63	3.03	3.63
TB testing and Treatment	4.18	3.15	3.90
Legal assistance to help restore a driver's license	2.87	2.56	2.87
Hepatitis C testing	3.57	3.10	3.70
Dental care	3.16	2.66	2.91
Eye care	3.64	2.63	3.38
Glasses	3.49	2.70	3.35
VA disability/pension	2.86	2.93	3.14
Welfare payments	2.54	2.75	2.80
SSI/SSD process	2.85	2.88	2.95
Guardianship (financial)	2.79	2.48	2.84
Help managing money	3.14	2.30	3.13
Job training	2.96	2.36	2.96
Help with finding a job or getting employment	3.10	2.21	3.02
Help getting needed documents or identification	3.49	2.34	3.50
Help with transportation	3.16	2.05	3.31
Education	3.29	2.76	3.19
Child care	2.67	2.23	2.64
Family reconciliation assistance	2.60	2.36	2.73
Discharge upgrade	2.73	2.40	2.96
Spiritual	3.54	3.18	3.55
Re-entry services for incarcerated veterans	2.77	2.51	2.94
Elder health care	3.05	2.78	3.11
Credit counseling	2.85	2.25	2.85
Legal assistance for child support issues	2.65	2.29	2.70
Legal assistance for outstanding warrants/fines	2.70	2.20	2.75
Help developing social network	3.11	2.48	3.14

**\*\*VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

## D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans\*

### 1. Community Ratings of VA/Community Integration\*

<b>Integration Scale:</b> 1 (low) to 5 (high)	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.05	3.53
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.19	3.55

\*Scores of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860).

## 2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.17	2.60
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.75	1.91
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	1.69	2.00
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.76	2.31
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.56	1.68
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.24	1.73
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.56	1.84
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.71	2.22
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.79	2.02
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.35	1.68
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.35	1.74
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.66	1.89

\*Scored of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860. Mean score of sites).

**E. Action Plans: FY 2010 and FY 2011**

**1. CHALENG Point of Contact Action Plan for FY 2010: Results\***

<b>Long-term, permanent housing</b>	Long-term, permanent housing options have increased during FY 2010. Piquette Square added 150 one-bedroom apartments in a supportive setting for Veterans only. Our HUD-VASH program housed 141 Veterans in FY 2010.
<b>Help with finding a job or getting employment</b>	Our VA Compensated Work Therapy program continues to provide therapeutic work experience to Veterans and 12 former participants were hired as full-time VA employees in FY 2010. The Domiciliary Residential Rehabilitation Treatment Program also provided vocational rehabilitation for over 100 Veterans in FY 2010. The Department of Labor Homeless Veterans Reintegration Program is active through private partnerships in our community. Michigan Works! provides employment assistance specifically for Veterans.
<b>VA disability/pension</b>	A clinic sponsored by the University of Detroit Mercy School of Law provides services/assistance with claims. We have Veterans Benefits Administration representatives from the Regional Office offering claims services. We also regularly refer Veterans to Veterans Service Organizations for legal issues. All these entities visit our VA sites and bring their services to Veterans.

\*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

**2. FY 2010 Best Practice Example**

<b>Long-term, permanent housing</b>	In FY10 150 homeless veterans signed leases and moved into one bedroom apartments at Piquette Square in Detroit. This veteran only building also has support services attached to it in the form of case managers, vocational assistance, community supportive services onsite, and coordination with VA staff for medical care. Piquette Square was a collaborative effort between Southwest Housing Solutions, Southwest Counseling Solutions, HUD, MSHDA, local businesses, and multiple Veteran Service Organizations. Donations of furniture and household goods made it possible for veterans to move in and be comfortable from the first day there. Food was donated so that all apartments came with basic food items to last 2 weeks. The 150th lease was signed by July 31, 2010 so no data is yet available on the outcomes but anecdotally, our veterans reports that they are very comfortable in their apartments, they appreciate the day to day support of other veterans, they are utilizing the supportive services, and are grateful for this opportunity.
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**3. CHALENG Point of Contact Action Plan for FY 2011: Proposed\***

<b>Long-term, permanent housing</b>	VA staff will continue to work with HUD, Michigan State Housing Development Authority, and private partners in the community to develop more new Veteran specific supportive permanent housing projects such as Piquette Square. VA staff will continue to work with local Continuums of Care to assist with this development of permanent housing projects. Staff will continue to advocate for more HUD and HUD-VASH vouchers.
<b>Help with transportation</b>	Public transportation in the Detroit metropolitan area continues to be a challenge. VA staff will encourage VA Grant and Per Diem grantees to consider applying for funds for a van to provide necessary transportation to Veterans. VA staff will advocate for Veteran-specific transportation, especially to link transportation between the city and the suburbs. VA staff will network with Veteran Service Organizations to work toward increased transportation options for our Veterans.
<b>Help managing money</b>	Contract residential programs include supportive services for Veterans and money management is a requirement. All of the staff in our homeless programs will continue to work with Veterans on budgeting and managing money.

**\*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

## CHALENG 2010 Survey Results Summary

VISN: 11

Site: VAMC Indianapolis - 583

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

### A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)\*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 50
2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 5

### B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	11
Transitional Housing Beds	174
Permanent Housing Beds	200

\*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

\*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

**C. Rating of Need by CHALENG Participants** (Number of Veteran Participants: 262. Number of provider (VA and non-VA) participants: 34.)

Need Ranking (1=Need Unmet .... 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.63	3.24	3.74
Food	3.82	3.62	3.86
Clothing	3.56	3.56	3.62
Emergency (immediate) shelter	3.51	3.03	3.55
Transitional living facility or halfway house	3.53	3.12	3.45
Long-term, permanent housing	2.72	2.94	2.90
Detoxification from substances	3.76	3.35	3.69
Treatment for substance abuse	3.91	3.29	3.84
Services for emotional or psychiatric problems	3.80	3.61	3.71
Treatment for dual diagnosis	3.53	3.24	3.51
Family counseling	3.09	3.09	3.11
Medical services	4.14	3.79	4.04
Women's health care	2.79	3.16	3.17
Help with medication	4.00	3.56	3.87
Drop-in center or day program	3.27	3.15	3.15
AIDS/HIV testing/counseling	3.53	3.58	3.63
TB testing and Treatment	3.80	3.81	3.90
Legal assistance to help restore a driver's license	2.66	2.56	2.87
Hepatitis C testing	3.64	3.64	3.70
Dental care	2.80	2.74	2.91
Eye care	3.68	2.82	3.38
Glasses	3.72	2.85	3.35
VA disability/pension	2.92	3.35	3.14
Welfare payments	2.52	2.91	2.80
SSI/SSD process	2.74	3.06	2.95
Guardianship (financial)	2.67	2.78	2.84
Help managing money	3.01	2.81	3.13
Job training	2.88	2.91	2.96
Help with finding a job or getting employment	2.73	2.94	3.02
Help getting needed documents or identification	3.58	3.28	3.50
Help with transportation	3.36	3.12	3.31
Education	3.18	3.24	3.19
Child care	2.51	2.38	2.64
Family reconciliation assistance	2.70	2.68	2.73
Discharge upgrade	2.85	2.81	2.96
Spiritual	3.56	3.33	3.55
Re-entry services for incarcerated veterans	2.78	2.91	2.94
Elder health care	2.87	3.19	3.11
Credit counseling	2.73	2.63	2.85
Legal assistance for child support issues	2.51	2.50	2.70
Legal assistance for outstanding warrants/fines	2.54	2.47	2.75
Help developing social network	3.10	3.00	3.14

**\*\*VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

## D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans\*

### 1. Community Ratings of VA/Community Integration\*

<b>Integration Scale:</b> 1 (low) to 5 (high)	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.38	3.53
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.46	3.55

\*Scores of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860).

## 2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.14	2.60
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	2.71	1.91
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	2.43	2.00
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	3.14	2.31
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.57	1.68
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	3.00	1.73
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.71	1.84
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3.14	2.22
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.86	2.02
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.83	1.68
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.57	1.74
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.71	1.89

\*Scored of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860. Mean score of sites).

**E. Action Plans: FY 2010 and FY 2011**

**1. CHALENG Point of Contact Action Plan for FY 2010: Results\***

<b>Emergency (immediate) shelter</b>	We now have 11 contracted beds through our local Volunteers of America. We anticipate additional funding for 2011 and have established contacts with community providers that have a strong interest in providing emergency beds.
<b>Long-term, permanent housing</b>	We received 75 additional HUD-VASH vouchers for supported housing and are working with our local public housing authority.
<b>Dental care</b>	Staff continues to encourage participation in the Homeless Veteran Dental Program (HVDP). Need persists for emergency dental care and restorative dental care for ineligible Veterans: those in a VA Grant and Per Diem program for less than 60 days, or those in the HUD-VASH program.

**\*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

**2. FY 2010 Best Practice Example**

None	None
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### 3. CHALENG Point of Contact Action Plan for FY 2011: Proposed\*

<b>Long-term, permanent housing</b>	Anticipating additional funding for vouchers -- have 75 vouchers to award now.
<b>Emergency (immediate) shelter</b>	Anticipating funding for 25 additional contract beds.
<b>1</b>	Veterans need haircuts and assistance with grooming to be presentable for job interviews- we are soliciting volunteers to help with this.

\*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.

## CHALENG 2010 Survey Results Summary

**VISN: 11**

**Site: VAMC Saginaw, MI - 655**

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

### **A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)\***

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 12
  
2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 1

### **B. Housing Availability and Need (CHALENG Point of Contact Survey)**

<b>Housing type</b>	<b># of Veteran-specific Beds in area*</b>
Emergency Beds	20
Transitional Housing Beds	0
Permanent Housing Beds	70

\*These are the number of beds that Veterans can access that are Veteran-specific.

<b>Homeless Veteran Program Beds actually on VA campus?*</b>	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

\*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

**C. Rating of Need by CHALENG Participants** (Number of Veteran Participants: 27.  
Number of provider (VA and non-VA) participants: 41.)

<b>Need Ranking (1=Need Unmet .... 5= Need Met)</b>	<b>Site homeless Veteran mean score</b>	<b>Site provider mean score</b>	<b>VHA Mean Score (nationwide)*(all participants)</b>
Personal hygiene (shower, haircut, etc.)	4.23	3.45	3.74
Food	4.26	3.71	3.86
Clothing	3.93	3.53	3.62
Emergency (immediate) shelter	4.00	3.63	3.55
Transitional living facility or halfway house	3.36	2.60	3.45
Long-term, permanent housing	4.00	2.56	2.90
Detoxification from substances	4.05	3.15	3.69
Treatment for substance abuse	4.33	3.44	3.84
Services for emotional or psychiatric problems	4.62	3.39	3.71
Treatment for dual diagnosis	4.79	3.29	3.51
Family counseling	3.77	3.13	3.11
Medical services	4.59	3.66	4.04
Women's health care	3.60	3.47	3.17
Help with medication	4.76	3.70	3.87
Drop-in center or day program	3.65	2.58	3.15
AIDS/HIV testing/counseling	4.30	3.50	3.63
TB testing and Treatment	4.50	3.55	3.90
Legal assistance to help restore a driver's license	3.10	2.63	2.87
Hepatitis C testing	4.57	3.52	3.70
Dental care	2.73	2.72	2.91
Eye care	3.62	3.06	3.38
Glasses	3.36	3.03	3.35
VA disability/pension	3.08	3.39	3.14
Welfare payments	3.45	3.37	2.80
SSI/SSD process	3.71	3.25	2.95
Guardianship (financial)	3.62	3.37	2.84
Help managing money	4.05	2.97	3.13
Job training	3.61	3.19	2.96
Help with finding a job or getting employment	3.42	3.16	3.02
Help getting needed documents or identification	4.12	3.06	3.50
Help with transportation	3.89	2.73	3.31
Education	3.78	2.94	3.19
Child care	3.59	2.80	2.64
Family reconciliation assistance	2.94	2.78	2.73
Discharge upgrade	3.45	3.00	2.96
Spiritual	4.38	3.23	3.55
Re-entry services for incarcerated veterans	3.44	2.61	2.94
Elder health care	3.89	3.31	3.11
Credit counseling	3.30	2.88	2.85
Legal assistance for child support issues	2.95	2.78	2.70
Legal assistance for outstanding warrants/fines	2.77	2.74	2.75
Help developing social network	4.00	3.03	3.14

**\*\*VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

## D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans\*

### 1. Community Ratings of VA/Community Integration\*

<b>Integration Scale:</b> 1 (low) to 5 (high)	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>VA Accessibility:</b> In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.32	3.53
<b>VA Service Coordination:</b> Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.18	3.55

\*Scores of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860).

## 2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

<b>Implementation Scale</b> <b>1 = None</b> , no steps taken to initiate implementation of the strategy. <b>2 = Low</b> , in planning and/or initial minor steps taken. <b>3 = Moderate</b> , significant steps taken but full implementation not achieved. <b>4 = High</b> , strategy fully implemented.	<b>Site Mean Score</b>	<b>VHA (nationwide) Mean Score**</b>
<b>Interagency Coordinating Body</b> - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.31	2.60
<b>Co-location of Services</b> - Services from the VA and your agency provided in one location.	1.59	1.91
<b>Cross-Training</b> - Staff training about the objectives, procedures and services of the VA and your agency.	1.54	2.00
<b>Interagency Agreements/ Memoranda of Understanding</b> - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.46	2.31
<b>Interagency Client Tracking Systems/ Management Information Systems</b> - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.25	1.68
<b>Pooled/Joint Funding</b> - Combining or layering funds from the VA and your agency to create new resources or services.	1.25	1.73
<b>Uniform Applications, Eligibility Criteria, and Intake Assessments</b> – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.33	1.84
<b>Interagency Service Delivery Team/ Provider Coalition</b> - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.67	2.22
<b>Consolidation of Programs/ Agencies</b> - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.61	2.02
<b>Flexible Funding</b> – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.37	1.68
<b>Use of Special Waivers</b> - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.37	1.74
<b>System Integration Coordinator Position</b> - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.78	1.89

\*Scored of non-VA community agency representatives who completed Participant Survey.

\*\*VHA: Veterans Healthcare Administration (140 reporting POC sites, n=3,860. Mean score of sites).

**E. Action Plans: FY 2010 and FY 2011**

**1. CHALENG Point of Contact Action Plan for FY 2010: Results\***

<b>Long-term, permanent housing</b>	As of October 1, 2009, 38 HUD-VASH vouchers were awarded. As of September 1, 2010, 85 HUD-VASH vouchers were awarded.
<b>Transitional living facility or halfway house</b>	We have increased the frequency of visits to outreach sites and community events to encourage agencies to apply for VA Grant and Per Diem funding.
<b>Emergency (immediate) shelter</b>	We have contracted with the Saginaw Rescue Mission for emergency beds. This program has been up and running since June 2010 and has been very successful. Every Veteran who has left this program has gone into permanent housing!! Saginaw also has a contract with Goodwill Inn in Traverse City for beds. Goodwill also sub-contracts with the Gaylord Homeless Shelter.

**\*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

**2. FY 2010 Best Practice Example**

None	None
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### 3. CHALENG Point of Contact Action Plan for FY 2011: Proposed\*

<b>Long-term, permanent housing</b>	1. Expecting to receive 25 additional HUD-VASH vouchers. 2. VA Homeless Staff continue to refer homeless Veterans to subsidized housing. 3. Addition of 2.0 FTE homeless case manager positions to serve rural counties within the catchment area of the Saginaw VA Medical Center.
<b>Emergency (immediate) shelter</b>	1. Collaboration with the Saginaw Rescue Mission and Goodwill Industries of Traverse City to increase the number of emergency beds available to the Saginaw VA Medical Center. \$177,000 has been obligated for emergency contract beds for homeless Veterans. 2. Addition of 2.0 FTE homeless case manager positions to serve the rural counties within the catchment area of the Saginaw VA Medical Center.
<b>Transitional living facility or halfway house</b>	1. A training on how to apply for VA Grant and Per Diem funding is scheduled for October 2010. 2. Goodwill Industries has entered the second phase of authorization for GPD beds for Grand Traverse County.

\*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.